## **Send-Out Molecular Diagnostic Testing Change**

UPSTATE UNIVERSITY HEALTH SYSTEM

Molecular Send-out requests should now be ordered using:

Molecular Diagnostics, Oncology [LABAP2707] and Molecular Diagnostics, Genetics [LABAP2706] in Epic.

LABAP2707			LABAP2706
		Providers have the option to select Send Out	
	JAK-2 Exon 12 – P. vera DIDH1/IDH2 NGS – Next Generation Seq		
	<ul> <li>Send Out Reference Lab</li> </ul>	Reference Lab in each order	Factor V Leiden Prothrombin 20210G>A MTHFR (C677T) Send Out Reference Lab
🕒 Test Name:		The test requested name/description is	Test Name:
Specify Send Out		, , , ,	Specify Send Out Reference Lab:
Reference Lab:		required	Test Code/ID:
Test Code/ID:		If testing requires consent forms, this must be	
ular Diagnostics, Oncology			ar Diagnostics, Genetics
:ess Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted.		completed by the provider and sent to	8 Normal Standing Future
Procedures include Professional Interpretation unless otherwise requested in order comments.		Molecular with the specimens	Expected Date: Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months Approx.
			Expires: 5/17/2023 🖹 1 Month 2 Months 3 Months 4 Months 6 Months 1 Year
us: Normal Standing Future			ty: Routine P Routine
Expected Date: Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months Approx.		Testing requested for <b>encology</b> testing	Lab Collect Dinic Collect External
Expires: 5/17/2023 🛱 1 Month 2 Months 3 Months 4 Months 6 Months 1 Year		Testing requested for <b>oncology</b> testing	ss Inst.: An Upstate Medical University Pathologist will select medically necessary tests (unless specified by the ordering physician) to provide comprehensive analysis and professional interpretation for the material submitted.
s: Lab Collect Q Lab Collect Clinic Collect External		targets should be directed to <b>Molecular</b>	Procedures include Professional Interpretation unless otherwise requested in order comments.
cimen Peripheral B	lood Bone Marrow Fluid	<b>Diagnostics, Oncology [LABAP2707]</b> order	
ical		Diagnostics, Oncology [LADAP2707] Order	oviders:
	osis Staging Monitoring Other		al
ecular testing Quantitative BCR/ABL1 (p210) – monitoring Quantitative BCR/ABL1 (p190) – monitoring Quantitative PML/RARA t(15:17) – monitoring B-cell Clonality (IgH/IgK) T-cell Receptor Clonality (TCR gamma)		Testing requested for bounditory discusses	y/Symptoms men Peripheral Blood Other
		Testing requested for <b>hereditary diseases</b>	ics Testing: Cystic Fibrosis Direct Mutation Anaylsis (60 mutations) Fragile Y detection Hereditary Hemochromatosis (C282Y & H631
□ FLT3 □ NPM1 □ CEBPA □ C+Kit □ MYD88 (L255P) □ JAK-2(V617F) □ CALR - ET,PMF □ MPL - ET,PMF □ JAK-2 Exon 12 - P. vera □ IDH1/IDH2 □ NGS - Next Generation Sequencing □ IGVH □ TP53 □ BRAF □ DPD		and conditions should be directed to the	Factor V Leiden Prothrombin 20210G>A MTHFR (C677T) Send Out Reference Lab
Send Out Reference Lab		Malagular Diggradatic Constin	Name:
st Name:		Molecular Diagnostic, Genetics	cify Send Out rence Lab:
ecify Send Out		[LABAP2706] order.	:Code/ID:
st Code/ID:		• •	ic testing requires a reviewed and signed consent form to be submitted with the patient's sample in order to proceed with testing. Select the cor below under Reference Links.
ase to patient Immediate	Manual Release Only		Acknowledged
Recipient Modifier Add PCP V Add My List V		This process aliminates the need for using	se to patient Immediate Manual Release Only
	Build My List	This process eliminates the need for using	nents: • Add Comments (F6)
	Clear All	Miscellaneous Lab Test [LAB4116] for Molecular	ence 1. Molecular Diagnostics DNA Based Genetic Testing Form F91019 2. Cystic Fibrosis 3. Fragile X
nments: 🔹 🛉 Add Comments (F6)			4. Factor V Leiden     5. Hereditary Hemochromatosis     6. MTHFR     7. Informed Consent for Genetic Testing
Required		requests.	tequired ✓ Accept